## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| Application or Docket Number |   |   |  |  |  |  |  |  |  |  |  |  |
|------------------------------|---|---|--|--|--|--|--|--|--|--|--|--|
| Case 09187-11                | ` | ` |  |  |  |  |  |  |  |  |  |  |

| _   |                   |                                 |                    |                          |              |                    |       |   |                        |          |                     |                        |
|---|-------------------|---------------------------------|--------------------|--------------------------|--------------|--------------------|-------|---|------------------------|----------|---------------------|------------------------|
|   |                   | CLAIMS AS                       |                    |                          | l            |                    | S     | SMALL ENTITY                            |                        |          | OTHER THAN          |                        |
|   |                   |                                 | (Column 1)         |                          | (Colu        | (Column 2)         |       | TYPE                                    |                        | OR       |                     |                        |
| TOTAL CLAIMS  |                   | 17                              |                    |                          |              |                    | RATE  | FEE                                     | 7                      | RATE     | FEE                 |                        |
| FOR   |                   |                                 | NUMBER FILED       |                          | NUMBER EXTRA |                    | E     | BASIC FEE                               | 375.00                 | OR       | BASIC FEE           |                        |
| TOTAL CHARGEABLE CLAIMS   |                   |                                 | / 7 minus 20=      |                          | * (i)        |                    | T     | X\$ 9=                                  |                        | OR       | X\$18=              |                        |
| INE   | DEPENDENT C       | LAIMS                           | <i>j</i> minus 3 = |                          | * •          |                    | F     | X42=                                    |                        | OR       | X84=                |                        |
| Μl  | JLTIPLE DEPEN     | NDENT CLAIM PI                  | RESENT             |                          |              |                    |       |   |                        |          |                     |                        |
| * If the difference in column 1 is less than  |                   |                                 |                    | ero, enter               | · "0" in ‹   | column 2           | L     | +140=                                   |                        | OR       | +280=               | 2 2)                   |
| CLAIMS AS AMENDED - PART II   |                   |                                 |                    |                          |              | ,                  |       | TOTAL                                   | L                      | OR       |                     | 750                    |
|   | _                 | (Column 1)                      | 1141F14PF5         | Colum)                   |              | (Column 3)         | :     | SMALL                                   | FNTITY                 | OR       | OTHER<br>SMALL      |                        |
| Γ,  |                   | CLAIMS                          |                    | HIGHE                    |              | (Column 3)         | _     |   |                        | )<br>1   | 31117LL.            |                        |
| AMENDMENT A   |                   | REMAINING<br>AFTER<br>AMENDMENT | s ·                | NUME<br>PREVIO<br>PAID F | BER<br>DUSLY | PRESENT<br>EXTRA   |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total             | *                               | Minus              | **                       |              | =                  |       | X\$ 9=                                  |                        | OR       | X\$18=              |                        |
| AM  | Independent       | *                               | Minus              | ***                      |              | =                  | Γ     | X42=                                    |                        | OR       | X84=                |                        |
|   | FIRST PRESE       | ENTATION OF MU                  | JLTIPLE DEF        | PENDENT                  | CLAIM        |                    | 上     |   |                        |          |                     |                        |
|   |                   |                                 |                    |                          |              |                    |       | +140=                                   |                        | OR       | +280=               |                        |
|   |                   |                                 |                    |                          |              |                    | ΑC    | TOTAL<br>DDIT. FEE                      |                        | OR ,     | TOTAL<br>ADDIT. FEE |                        |
|   |                   | (Column 1)                      |                    | (Colum                   |              | (Column 3)         | •     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |          | 10011.1             |                        |
| m   |                   | CLAIMS<br>REMAINING             |                    | HIGHE                    | EST          |                    |       |   | ADDI-                  | 1 r      |                     | ADDI-                  |
| F   |                   | AFTER                           |                    | NUMB<br>PREVIO           |              | PRESENT<br>EXTRA   |       | RATE                                    | TIONAL                 | j        | RATE                | TIONAL                 |
| ME  |                   | AMENDMENT                       |                    | PAID F                   | OR           |                    |       |   | FEE                    |          |                     | FEE                    |
| AMENDMENT B   | Total             | *                               | Minus              | **                       | <del></del>  | =                  |       | X\$ 9=                                  | ·                      | OR       | X\$18=              |                        |
| AM  | Independent       | *<br>Entation of Mu             | Minus              | ***                      | O( A)A       | =                  |       | X42=                                    |                        | OR       | X84=                |                        |
|   | FINOTENLOL        | NIATION OF WO                   | LIPLE DEP          | ENDENT                   | CLAIM        |                    |       | . 140                                   |                        | lt       |                     |                        |
|   |                   |                                 |                    |                          |              |                    |       | +140=<br>TOTAL                          |                        | OR       | +280=               |                        |
|   |                   |                                 |                    |                          |              |                    | AD    | DIT. FEE                                |                        | OR A     | TOTAL<br>ADDIT. FEE |                        |
| _   |                   | (Column 1)                      |                    | (Colum                   |              | (Column 3)         |       |   |                        |          |                     | _                      |
| ပ   |                   | CLAIMS<br>REMAINING             |                    | HIGHE<br>NUMB            |              | 2222517            |       |   | ADDI-                  | Г        |                     | ADDI-                  |
| AMENDMENT   |                   | AFTER<br>AMENDMENT              |                    | PREVIOU<br>PAID F        | USLY         | PRESENT<br>EXTRA   |       | RATE                                    | TIONAL<br>FEE          | ĺ        | RATE                | TIONAL                 |
| S<br>S<br>S   | Total             | *                               | Minus              | **                       |              | =                  |       | X\$ 9=                                  |                        | OR       | X\$18=              | 165                    |
| WE  | Independent       |                                 | Minus              | ***                      |              | =                  | -     |   |                        | ŀ        |                     |                        |
|   | FIRST PRESE       | NTATION OF MU                   | ILTIPLE DEP        | ENDENT                   | CLAIM        |                    | L     | X42=                                    |                        | OR       | X84=                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                   |                                 |                    |                          |              |                    |       |   |                        | 1        |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                   |                                 |                    |                          |              |                    |       |   |                        |          |                     |                        |
| - 1   | .ne "Highest Num" | ber Previously Paid             | J For" (Total or   | Independer               | nt) is the   | highest number for | haund | in the app                              | ranciata hav           | براهم ما |                     |                        |